

TOWN OF WARREN
APPLICATION FOR A ONE DAY FOOD PERMIT

Location: _____

Date of event: _____

Name & Title of Applicant: _____

Address of Applicant: _____

Phone Number of Applicant: _____

Name of Serve Safe Certified Personnel: _____

Address of Serve Safe Certified Personnel:

Phone Number of Serve Safe Personnel: _____

If a Serve Safe Certified Person is applying for this permit, they are taking responsibility for the booth and all of the food handling and preparation. Please have them sign below.

I am Serve Safe Certified (Please attach copy of certification with permit.) I understand that I am the person in charge of this booth and that I will oversee all food handling at this function. If there are any violations I understand that I am to have them corrected immediately. I agree that by signing this I am solely responsible for the food handling at the booths/tables listed above.

SERVE SAFER PERSONNEL SIGNATURE: _____

DATE: _____

Function is:

Fundraiser _____ Non Profit _____ For Profit _____

*Applications for outside units must include a list of the handwashing and toilet facilities available on each route. Attach a separate sheet.

List of items that are going to be sold/given out.

Items may NOT be cooked off premises and brought to this location, unless entirely prepared at a location that currently has a food permit.

If items are cooked off premises please state where: _____

Payment (\$50.00) per booth selling or handing out food. Make checks payable to the Town of Warren. **Fee is waived for each booth having a Serve Safe Staff person working booth for the entire operating time.**

FOR BOARD OF HEALTH USE ONLY

Date Received

Date Inspected

Approved By

Permit No. Issued
